

LOUISIANA

Application for Rental Autos & Trucks – Short Term (Hour, Day or Week)

COLUMBIA INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Horner Insurance Services, Inc.
5101 Wheelis Drive
Suite 214
Memphis, TN 38117
(901)684-4570 FAX: (901)684-4565

Policy Term From: _____ To: _____

1. Name of Applicant _____
2. a. Address of Applicant _____
(Number) (Street) (City) (County) (State) (Zip Code)
b. Address where vehicles are garaged if different than address of applicant _____
3. Applicant is: Individual Partnership Corporation
4. Is this your primary business? Yes No If no, explain _____
_____ Years experience in this business _____
5. Coverage to be effective from _____ to _____
6. Person to contact for inspection (name and phone number) _____
7. Is this a new operation? Yes No Is your operation currently for sale? Yes No Seasonal in nature? Yes No
8. Has this business ever operated under any other name? Yes No If yes, show previous name and address _____

9. Give estimate of financial worth \$ _____ Gross receipts last year _____ Estimate for coming year _____
10. Have you under this name or any other name been insured with any of the above-listed companies? Yes No If yes, explain:

DESCRIPTION AND AREA OF OPERATIONS

11. Number of Short-Term Rental Vehicles:
Private Passenger Autos _____ Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____
Cargo Vans _____ Passenger Vans _____ Others (specify) _____
12. Percentage of private passenger vehicles rented to: Personal _____ % Military _____ % Commercial _____ %
Insurance Replacement _____ %
13. Are any vehicles rented for 1 month or more? Yes No If yes, submit details (which units, to whom, term of rental or lease):

14. Are vehicles ever leased with drivers? Yes No If yes, attach complete list of drivers, vehicle(s) they drive, age of driver, license number, and chargeable accidents during past three years.
15. **Leasing Agreements:** Attach copy of each type of rental or lease agreement used.
16. What is average term of rental? _____ days
17. What are your rules for selecting renters or lessees? _____

18. What is minimum age of persons permitted to rent vehicles? _____ Are additional drivers permitted? Yes No
If yes, how are they qualified? _____
19. Do you ask what the vehicle will be used for and where it will be driven? Yes No
20. Percent Cash Rental _____ % Percent Credit Card _____ % If cash rental, how do you qualify renter? _____
21. Do you use an on-line service giving subscribers credit, driving & criminal history? Yes No If yes, who? _____
22. Are written counter practice procedures furnished to all counter personnel? Yes No If yes, attach copy.
23. Are you named as additional insured on renter's policy on any vehicles rented? Yes No Explain _____
24. Do you require liability insurance from the rentee? Yes No Explain _____
25. Do you obtain a certificate of liability insurance on any vehicles rented? Yes No Explain _____
26. Do you rent or lease vehicles from others? Yes No If yes, explain _____
27. Are any vehicles rented on a "Rent It Here - Leave It There" basis? Yes No
28. Is applicant required to file evidence of insurance with any state regulatory authority or any other authority? Yes No
If yes, specify _____
29. Do you have your own repair shop? Yes No If yes, what kind of repairs are made? _____
30. Are rental contracts pre-numbered? Yes No
31. How often are rental vehicles serviced? _____

COMPLETE QUESTIONS 33-36 FOR COMMERCIAL VEHICLES ONLY

32. Percentage of business derived from renting vehicles to individuals hauling their own personal goods or effects _____ %
Businesses _____ %
33. Are vehicles rented to trucking firms (truckers hauling for hire)? Yes No If yes, _____ %
34. Will you rent vehicles to be used to carry passengers for hire? Yes No
35. Are any vehicles rented to hazardous material haulers? Yes No If yes, explain _____

PREVIOUS INSURANCE CARRIER AND LOSS EXPERIENCE

36. Provide prior insurance carriers information for past full three years. List in order with most recent carrier first.

Policy Term		Insurance Company Name	Policy Number	Number of Motor Powered Vehicles	Number of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To					Liab	Phys Dam	BI	PD	Coll	Other
/ /	/ /										
/ /	/ /										
/ /	/ /										

37. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____

INSURANCE NEEDS & SCHEDULE OF VEHICLES

38. COMPLETE FOR DESIRED COVERAGES BY INDICATING LIMITS OF INSURANCE

Combined Single Limit BI & PD	Liability			Single Limit	Uninsured Motorist Coverage				Medical Payments	Personal Injury Protection	Physical Damage
	Split Limits				Split Limits		Uninsured Motorist Economic Loss Only	Uninsured Motorist Property Damage			
	Bodily Injury		Property Damage		Bodily Injury						
	Per Person	Per Accident	Per Accident		Per Person	Per Accident					
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

39. Liability limits for rentee: BI Per Person \$ _____ BI Per Accident \$ _____
 PD Per Accident \$ _____ Or Combined Single Limit BI & PD \$ _____

40. SCHEDULE OF AUTOS/VEHICLES TO BE COVERED (if more than 8, attach additional schedule with information below)

Auto No.	Year Model	Trade Name	Body Type**	Serial No. (S) Vehicle ID No. (VIN)	Anti-Theft Devices Yes or No	Air-bags Yes or No	Licensed Weight*	Anti-Lock Brakes Yes or No	Lift or Lift Gate Yes or No	Dual Rear Axles Yes or No	Estimated Annual Mileage	Maximum Radius of Operations (miles)
1												
2												
3												
4												
5												
6												
7												
8												

*Licensed Weight – Gross Vehicle Weight (GVW) weight of vehicle and load or Gross Combined Weight (GCW) weight of vehicles and load.
 **Body Type: PPT Priv. Pass. Type PIC UP Pick Up TNK TK Tank Truck FLT TR Flat Trailer Other (specify) _____
 JEEP Jeep BOM TK Boom Truck OTH TK Other Truck STK TR Stock Trailer _____
 PSS VN Pass. Van CRN TK Crane/Truck TRACT Tractor TNK TR Tank Trailer _____
 CRG VN Cargo Van DMP TK Dump Truck BX TR Box Trailer UTL TR Utility Trailer _____

COMPLETE THESE SPACES ONLY IF PHYSICAL DAMAGE COVERAGE DESIRED

Auto No.	Town & State Where Principally Garaged	Use*	Original Cost New of Chassis, Body & Equipment	Date Purchased Mo/Yr	Cost When Purchased	Value of Vehicle Excluding Permanently Attached Special Equipment	Value of Permanently Attached Special Equipment	Specified Causes of Loss		Collision	
								Amount of Insurance	Deductible	Amount of Insurance	Deductible
1											
2											
3											
4											
5											
6											
7											
8											

* Enter one or more of the following initials to indicate use of each auto.
 RI - Rented to Individuals RT - Rented to Truckers ST - Non-Rental Business Service Truck
 RB - Rented to Businesses BA - Non-Rental Business Auto O - Other (describe) _____

41. **ANY LOSS PAYEES?** Yes No If yes, indicate for which vehicle(s) and give name and address of loss payees: _____

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Witness Applicant's Signature Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address Phone No.

STATE OF LOUISIANA

This form may not be altered or modified.

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured/Underinsured Motorists Bodily Injury Coverage, referred to as "UMBI" in this form, is insurance that pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA".)

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1. _____ I select **UMBI Coverage** which provides compensation for economic and non-economic losses **with limits**
Initials **lower** than the Bodily Injury Liability Coverage limits indicated on the policy:

\$ _____ each person \$ _____ each accident/occurrence	OR	\$ _____ each accident/occurrence
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2. _____ I select **Economic-Only UMBI Coverage**, which provides compensation for economic losses **with the**
Initials **same limits** as the Bodily Injury Liability Coverage indicated on the policy.

3. _____ I select **Economic-Only UMBI Coverage**, which provides compensation for economic losses **with limits**
Initials **lower** than the Bodily Injury Liability Coverage limits indicated on the policy:

\$ _____ each person \$ _____ each accident/occurrence	OR	\$ _____ each accident/occurrence
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4. _____ I **do not want UMBI Coverage**. I understand that I **will not be compensated through UMBI coverage**
Initials for losses arising from an accident caused by an uninsured/underinsured motorist.

SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.



 Signature of Named Insured or Legal Representative



 Print Name



 Date

**THE NATIONAL INDEMNITY GROUP OF
 INSURANCE COMPANIES**